



# Office of Executive Inspector General

## COMPLAINT FORM

**Please type or print clearly below.** Return completed form to: Office of Executive Inspector General, Division of Investigations, 32 West Randolph Street, Suite 1300, Chicago, IL 60601. Alternatively, you may fax the form to our office at (312) 814-5479. Our toll-free hotline number is (866) 814-1113. TTY (312) 814-1872

### Contact Information:

Name: (REQUIRED) \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ M ☐ F

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code

Home Number: \_\_\_\_\_ Business Number: \_\_\_\_\_

Other Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Please checkmark preferred method(s) of contact**

Are you a State of Illinois Employee? ☐ Yes ☐ No

If yes, which agency?: \_\_\_\_\_

Is your complaint related to your state employment? ☐ Yes ☐ No

### Complaint Information:

Is your complaint against a State of Illinois employee(s), agency, or vendor of the State? ☐ Yes ☐ No\*

**\*If NO, our office lacks the authority to review or investigate your complaint.**

If yes, which agency? \_\_\_\_\_

Please provide as much detailed information about the individual(s) as possible

Subject of Complaint's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Approx. Age: \_\_\_\_\_ Sex: ☐ M ☐ F

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code

Have you notified any other Federal, State or local agency of your complaint? ☐ Yes ☐ No

If yes, with what agency did you file a complaint? \_\_\_\_\_

What is the complaint number? \_\_\_\_\_

Has your complaint been resolved? ☐ Yes ☐ No

If yes, briefly summarize the results: \_\_\_\_\_

Have you previously filed a complaint with the OEIG? ☐ Yes ☐ No

If yes, please list any known OEIG case numbers: \_\_\_\_\_

Is this complaint related to your previously filed OEIG complaint? ☐ Yes ☐ No

May we refer your complaint to the appropriate agency if necessary? ☐ Yes ☐ No

Once your complaint is referred, you may be contacted by that agency as part of its investigation.

If your complaint is referred, do you want your name and contact information removed? ☐ Yes ☐ No

Summary of your complaint (please attach any available documentation in support of your complaint):

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Other person(s) who could be a witness to the complaint you have alleged:

_____	_____
Name	Any identifying information (DOB, SSN, Agency, Title, Telephone Number, etc.)

_____	_____
Name	Any identifying information (DOB, SSN, Agency, Title, Telephone Number, etc.)

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PLEASE COMPLETE AND MAIL FORM WITH SUPPORTING DOCUMENTATION TO THE OFFICE OF EXECUTIVE INSPECTOR GENERAL, ATTN: DIVISION OF INVESTIGATIONS, 32 WEST RANDOLPH STREET, SUITE 1300, CHICAGO, ILLINOIS 60601. YOU MAY ALSO FAX THE FORM TO (312) 814-5479. OUR TOLL-FREE HOTLINE NUMBER IS (866) 814-1113. TTY (312) 814-1872